

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-873)

SERIAL NO.  
101566028

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT				
	IND.		DEP.		IND.			IND.		DEP.		IND.		DEP.		
	1	1	1	1	1	1		51		51		51		51		
1	1	1	1	1	1	1		52		52		52		52		
2		1						53		53		53		53		
3								54		54		54		54		
4		4						55		55		55		55		
5								56		56		56		56		
6		3						57		57		57		57		
7		3						58		58		58		58		
8	1		1		1			59		59		59		59		
9								60		60		60		60		
10		1			1			61		61		61		61		
11								62		62		62		62		
12		1			1			63		63		63		63		
13		2			2			64		64		64		64		
14		2			2			65		65		65		65		
15								66		66		66		66		
16								67		67		67		67		
17								68		68		68		68		
18								69		69		69		69		
19								70		70		70		70		
20								71		71		71		71		
21								72		72		72		72		
22								73		73		73		73		
23								74		74		74		74		
24								75		75		75		75		
25								76		76		76		76		
26								77		77		77		77		
27								78		78		78		78		
28								79		79		79		79		
29								80		80		80		80		
30								81		81		81		81		
31								82		82		82		82		
32								83		83		83		83		
33								84		84		84		84		
34								85		85		85		85		
35								86		86		86		86		
36								87		87		87		87		
37								88		88		88		88		
38								89		89		89		89		
39								90		90		90		90		
40								91		91		91		91		
41								92		92		92		92		
42								93		93		93		93		
43								94		94		94		94		
44								95		95		95		95		
45								96		96		96		96		
46								97		97		97		97		
47								98		98		98		98		
48								99		99		99		99		
49								100		100		100		100		
50																
TOTAL IND.	2		1		1											
TOTAL DEP.	22		13		15											
TOTAL CLAIMS	24		15													